Name



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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Office:

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

MAINEETHICS COMMESION

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Kan CHAKD H. VI	the court		☐ House ☐ Senate	
Mailing address			District 2	
City, zip code ACTON, ME OHO		Phone 257/477-2607		
		ED FROM EMPLOYMENT BY ANO	in factor of the construction of the confidence of	
List the name and address of each employer economic activity of each employer.	from whom y	ou received compensation of \$1,000 or	more. Specify the principal type of	
Name of Employer	The second state of the se	Address	Principal Type of Economic Activity of Employer	
STATE of MAINE	L/W	JMAME ATONT	LEGISLATURE	
- Commented in the Comment of the Co		THE STORY IN THE STORY OF THE STORY AND		
	. STAN SOUSEN SEED AND THE WORLD HAVE A COM-	RIVED FROM SELF-EMPLOYMEN ors who are self-employed.)		
A. List the name and address of your busine associated with a partnership, firm, profession entity.	ss, if any, and nal association	list the major areas of economic activity n, or similar business entity, list the maj	y from which you derived income. If or areas of economic activity of that	
Name and Address of Business En	eggialistandistriplistas programa in menggyakkan menduluh.	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)	
Name: NAddress:				
Name: Address:				
	V			

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLO (For Legislators, who are self-employed.)	YMENT
B. List each source of income derived from self-employment that represents more than 10% of your greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the pri entity or person from whom the income was derived.	derived such income. If this form of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:	
Name: Address:	•
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of your f Name and Address of Firm Major Areas of Pr	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Name: Address:	(firm)
Name: Address:	
PART 4. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include (gills. If none, cneck the box.
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: YORK COUNTY FEDERAL DEDIT MINION Address: 1516 MAIN ST., SANFORD, ME	INVESTIGATION
Name: GENERAL ELECTRIC 6. Address: NEWARK, N.T.	INVESTIVENT
PART 5. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If no	
☑ None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name: Address:	ANTIFICATION TO THE PROPERTY OF THE PROPERTY O
Name: Address:	

PART 6.	REPORTABLE GIFTS				
List the specific source of each gift of more than \$300. Inclunone, check the box.	ude gifts with an aggregate v	/alue of more	than \$300 from a single source. If		
None	Transferration on a second	SECOND MICHAEL MANAGEMENT	AMANA PORTING METAL AND		
Name of Source of Gift		Name of Source of Gift			
"MANKE JESKELDSMETT FORWATIO		3.			
2 American redistable exchange Co	7/b/<12 4.	September of the section of the sect	TOTOPICIO VICENTI CONTROLO SIGNATORIO DE SIGNATORIO DE SIGNATORIO SI SIGNATORIO SIGNATORIO SIGNATORIO SIGNATORIO SIGNATORIO SIGNATOR		
	EPORTABLE HONORARIA	idosidosidoja (prosp.			
List the source of any honoraria accepted for appearances or	speeches related to your legi	islative respo	nsibilities. If none, check the box.		
None of Sauce of Heavenin	. Stocky brimmers at the grant size of the grant of the g	čionality z raživa kiž litorjono i narikanov ili olikov to komenčo	o okypoky popovy na transportenia minimo vegal daloko u domo popovo popovo neganje okoniko okoniko na popovo n		
Name of Source of Honoraria	tiviti katika tahunga sahabah tilang tahunga kalang salah tahunga salah salah salah salah salah salah salah sa Tahunga salah	Name of Sou	urce of Honoraria		
1.	3.	3.			
2.	4.	a fig. of a good factor to the common	diplate of highest of and any to appear of the second of t		
PART 8. REPRESENT	TATION BEFORE STATE	AGENCIES			
List each executive branch agency before which you represe box,	inted or assisted others for o	ompensation	of any amount. If none, check the		
☑ None		######################################			
Name of Agency		Name	of Agency		
1.	3.	econnectation according historicane primaries in a firmari			
2.	4 .				
PART 9. BUSIN	IESS WITH STATE AGEN	ICIES			
List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.	er of your immediate family s	sold goods or	r services with a value in excess of		
None	any gangsangpungpungpunggas yana kadalaha belak (Kejalilah Jilish de Jakob Laumana aman	jainvillebruissekkilebelukteksilebretaniskiletaniskiletaniski	MARKET FOR THE SETTING THE SET		
Name of Agency	Autoritaria en 180 de 1	Name	of Agency		
1.	3.	3.			
2.	4.	spersonspersonship and province	general general control (1975)		
PART 10. INCOME RECEIVE	ED BY MEMBERS OF IMP	MEDIATE F.	AMILY		
List the type of economic activity representing each source o	of income of \$1,000 or more	received by	your spouse or domestic partner or		
dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not in	f of income represented. If yo	our spouse o	or domestic partner received \$1,000		
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income		
Name: JOAN M. NASS	1. LEGISLATOR 2 PENSION	Spouse or Domestic	1. EMPLOYMENT 2. RETIREMENT		
Job Title: LEC ISLATO 12	3. Interest Div	Partner	3. INVESTMENT		
	отвення в в поточно в debi обощно почения от почения почения почения почения почения почения почения в почения	Dependent Child	And the Continues of th		
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic	to motivate destrict and a service of a s	Dependent Child			
activity and the kind of income.		Dependent Child			

List any for-profi	PAKI 11 DEFI	ER OR DIRECTOR	POSITIONS		
was compensat	it or nonprofit corporation, firm, association, pa eeship, directorship, or position of any nature. ed. If a family member listed, indicate your rel	artnership or business i Indicate whether you o	n which you or a me or a family held the	position and whether	iate family held the position
☐ None			**************************************		······································
Manifold (1973) (1974)	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
COLLEGE	ME 0409 0	DIRECTORS)	Seat		010
YORK CON LO SÃ SANFO	UNITY COMMINITY ACTION DRINCE ST. DRID, ME 04073	DIRECTOR (MEMBER OF BOARD OF DIRECTORS)	Sponse	JOAN	Νō
The intentional	o willfully fails to file a required statement filing of a false statement is a Class E crialse statement, it shall refer its findings of	me. If the Commissi	ion concludes tha	t it appears that a l	
(<u> </u>	Nava A. Nass Signature		EB 18,2	O O ate	
<u> </u>		DNAL INFORMATIO	^ D	ALCONO TO THE STATE OF THE STAT	
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the information	any additional information below (and or you are providing.	additional sheets if	N needed). Indicate	e the part or section	
the information Part/Section Number	ADDITIOn any additional information below (and or you are providing.	additional sheets if	N needed). Indicate	e the part or section	